



Georgia Department of Behavioral Health & Developmental Disabilities
Frank W. Berry, Commissioner

Behavioral Health Provider Certification Unit

Two Peachtree Street NW, Suite 23.277, Atlanta, GA 30303-3142 Telephone: 404-657-1652 Fax: 770-359-4655

May 1, 2015

Dear Healthcare Provider:

RE: FY 2016 Attestation Statement for Continuing Designation as an
Emergency Receiving Evaluation Treatment (ERET) Facility

Please confirm your designation as an ERET facility by completing and signing the enclosed FY 2016 Attestation Statement. Please note, a separate Attestation Statement for ERET designation must be submitted for each facility.

You may also refer to our website: <http://dbhdd.georgia.gov/behavioral-health-provider-certification-unit> where you will find an electronic copy of the 2016 Attestation Statement should you wish to complete the form electronically. Please return the completed and signed Attestation Statement via U.S. Mail by June 16, 2015 to:

DBHDD Behavioral Health Provider Certification Unit
2 Peachtree Street NW
Suite 23-277
Atlanta, Georgia 30303-3142

Thank you for your cooperation and for the services you render to the individuals we serve.

Sincerely,

Behavioral Health Provider Certification Unit